

Edgar F. Conway

THE
ENGLISH
REVIEW

NOVEMBER 1910

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Westminster Gazette.



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NOVEMBER NUMBER



Bone-setting and the Profession*

By Fairplay

THE recent death of Miss Florence Nightingale reminded the daily press of the fact that her bitterest opponents in the Crimea were the doctors; the idea that nursing had anything to do with the art of healing being then indignantly denied by the medical profession.

The history of modern medicine is the history of innovation after innovation opposed at first by the doctors individually and collectively, and at length accepted and assimilated as part of the so-called science.

Harvey's statement about the circulation of the blood was met with scorn by the doctors, who called him in derision the "Circulator." Simpson's discovery of the use of chloroform was scouted by them as incredible; some even declared it to be "impious," and a "defiance of the will of God." Elliotson's use of the stethoscope called forth the rage of the protected society as a body: the *Lancet* described him as a "pariah of the profession." The ignorant scorn and slander broke his heart; but to-day the stethoscope is in constant use, and is recognised as one of the most important aids to a correct diagnosis.

It is asserted, of course, that these protective unions of the learned professions fulfil a useful function. They give the community, it is said, assurance that the lawyer knows something of law, the clergyman something of religion, and the doctor something of medicine. It may be granted that, like all other trade unions, these professional unions do exclude the utterly ignorant, but it is not sufficiently understood that at the same time they exclude men of original genius, or at least hamper and fetter their activity, and it seems probable that the evil they do in this respect outweighs much of the good they accomplish.

* The Editor was amused to find that the *Lancet* refused the advertisement of the above article, thereby confirming what the writer alleges against the ring.

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The admission of a hundred quacks would hardly be so serious an evil as the exclusion of one innovator of genius. For it is not by the rank and file of the profession that the science is extended and built up, but by the unaided efforts of the rare geniuses who give their lives to investigation and discovery.

The progress of humanity itself depends on the exceptional person or "sport," and in the same way the progress of every science and of every art depends chiefly on the gifted individual. It is becoming increasingly evident that all these protective societies simply seek to petrify knowledge, and degrade what should be a free and healthy organic growth into a mere mechanical routine by which mediocrities may gain fees. The protective union certainly succeeds in levelling down; the levelling up it achieves is too unimportant to be weighed in the balance.

As an ounce of practice is said to be worth a ton of theory, let me illustrate my immediate subject by a personal experience.

Some few years ago I injured my right arm in a long bout of lawn tennis. The strain became more and more painful as I persisted in practising, and when I reluctantly left off playing, the weakness and suffering still continued. When I bent my arm I noticed a lump at the elbow which was very painful and which did not go down. After a week or two I consulted my doctor, in whom I had some confidence. He examined my arm and said nothing could be done, but advised me to rest the arm, and as the season was nearly over, I rested the whole winter. But the arm continued weak and pained me whenever I used it, and as soon as I commenced to play again in the summer, the lump on the elbow increased in size, and hurt me so that I had to give up practice. Dreading the loss of the exercise, I went to doctor after doctor. Every one affected to treat the strain very lightly. Rest seemed the favourite prescription; cold-water bandages commended themselves to a good many. "I'd carry the arm in a sling," said one, and practically that was all the advice I could obtain. To cut a long story short, I found myself faced by politely indifferent practitioners, from whom as much help was to be expected as from the gargoyles of a cathedral.

This set me wondering. At first I did not realise the position, but it became clear to me gradually.

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I was scoffing at doctors once, saying that one good nurse was worth a dozen of them, and that a little fresh air and moderation in diet were more effective than all their prescriptions. "Not one of them knows how to cure a strain," I cried, and I gave as an instance my tennis arm. One of my friends immediately asked me why I did not see Barker, the famous bone-setter of Park Lane.

"I have always understood," I replied, "that bone-setters use considerable force and cause one a great deal of pain."

"I do not think you will find it so," he replied. "I know two or three athletes who have gone to Barker for all sorts of injuries, which the doctors didn't know how to treat, and he cured them."

He went on to give me the names of two famous athletes, one a captain of a county cricket eleven, another a captain of the Cambridge University football team, who had been cured by Mr. Barker.

"How do you account for the impression that has got about that his art is all quackery," I asked, "and that in any case it is extremely painful?"

My friend smiled. "The doctors wish to prevent any poaching on their preserves, and so they spread about these lying reports. Then there is the medical press."

This explanation seemed to me as probable as it was novel. I had had some experience of the way doctors fought the anti-vaccination movement; as of the nature of their weapons.

I resolved to see Mr. H. A. Barker; and so I wrote to him telling him what I had heard, and what I wanted. I got an appointment with him two or three days later, though Mr. Barker is an extremely busy man, busier, I soon discovered, than any West End doctor.

I kept the appointment. Mr. Barker is a dark-faced man of something above the average height with the figure of an athlete in hard training: his dress and manner unobtrusive, quiet.

"You want me to see your arm," he said, coming to business at once.

"Yes," I replied, "but I dread pain."

"My work is not necessarily painful," he smiled reassuringly.

I took off my coat and turned up my shirt sleeve; Mr.

Barker examined the arm with infinite care for a few minutes, moving the elbow-joint about gently in every direction.

"It's very simple," he said at length, after concentrating his attention for some time on the elbow; "a case probably of tennis elbow." He manipulated the place for some time, putting a quiet steady pressure on it; he was very gentle, because very strong. After a few minutes he asked me how my arm felt.

I was astonished at the improvement. Before he touched me, I could not close my fist tightly without pain, and now I could not get my arm to hurt me no matter what I did. It was bettered as if by magic in a quarter of an hour. A course of exercises recommended by Mr. Barker completed the cure.

From this time on the mystery of the bone-setter interested me. I found out a good deal about Robert Hutton, who first brought the art to London and made it a success, a man of genius who was followed by Atkinson and then by another man of genius, Barker.

Again and again I have discussed the whole subject with Barker; it seemed astonishing to me that surgeons don't accept bone-setting as part of their art: "You can show them such cures," I said, "and you are not afraid of demonstrating before them."

"Far from it," he replied laughingly, "I have demonstrated before them again and again. . . . I have been in practice nearly twenty years, during which time it has fallen to my lot to handle some scores of thousands of cases successfully—cases 90 per cent. of which had failed to secure relief either in hospital or under private treatment. There is no gainsaying the fact; it was proved in Hutton's days; the proof was amplified and emphasised during Atkinson's time.

"In my own case I have more than borne out the evidence of my predecessors by giving a demonstration of my system before surgeons on patients whose joint-disabilities had baffled the skill of some of our leading hospitals. In every one of the cases selected I brought about a complete cure within a few weeks, after many months and even years under orthodox care had failed to bring even relief.

"Attempts have from time to time been made by members

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of the surgical profession more enlightened and less prejudiced than their fellows to draw attention to this subject, but either through indifference or ultra-conservatism small progress has been made. . . .

“Mr. Wharton Hood, the famous surgeon—whose success in bone-setting so-called was wholly due to his association with Mr. Robert Hutton—once wrote a volume on the bone-setter’s methods and commended the art to the serious consideration of the Faculty. Writing in this book, Hood says of his connection with Hutton:

“‘It had lasted long enough to give me knowledge of a kind that is not conveyed in ordinary surgical training, and which, guided by anatomy, is of the highest practical value as well in preventive as in curative treatment.’ He goes on to suggest to surgeons that ‘they may reconsider with advantage some of those traditions about rest and counter-irritation which have been handed down to them through successive generations of surgeons.’

“These observations coming from a highly qualified surgeon, who in the treatment of every kind of bone-injury, disease, and malformation has attained a position of unrivalled eminence, are full of significance. . . .

“A doctor who was a patient of mine the other day affirmed that it was too deplorable a fact that until lately the bone-setting branch of surgery had been almost entirely neglected by the schools, and that even now members of the profession were only just beginning to realise the gravity of the situation. Another doctor who came to me with an ankle trouble which had resisted every usual method confirmed this opinion, and almost every surgeon I have ever met is of like mind, and yet they seem to do absolutely nothing to bring about a change. It appears that in nearly all cases where an attempt has been made to introduce a novel method of treatment—whether it has emanated from a professional man or layman—it has been met with a spirit of blind conservatism by the profession as a whole, and oftener than not by angry violence and contempt. . . .

“It has always been so; for hundreds of years the medical profession denounced the few enlightened men among them who opposed indiscriminate blood-letting. The history of the Art

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of Healing is little more than the history of a fanatical and abusive opposition to every real advance which has been made in it. . . .

“Just now it looks as if the walls of prejudice against osteopathy were breaking down. The September issue of the *British Medical Journal* contained a long article by Dr. Alexander Bryce of Glasgow, who treated the whole question with considerable knowledge. He started from the fact that there are now 5000 practitioners of osteopathy in the United States. There are eight osteopathic schools which count over 1300 students paying over £40,000 annually in fees. Dr. Bryce contends that there must be some ‘virtue in a method which has such vitality as to spread all over a continent in a few years, and at its present rate of progress bids fair to travel all over the world. I was hardly surprised at this,’ he adds, ‘as my own experience in its practice had at least disclosed the fact that it was of striking benefit in selected cases.’ . . .

“Again and again in his article, Dr. Bryce draws attention to the success of modern mechano-therapy, and admits the remarkable improvement ‘of several of my own reputedly incurable patients . . .’ through this ‘potent method of treatment.’ Dr. Bryce continues boldly:

“‘I do not hesitate to plead for the admission of this new form of scientific bone-setting among the recognised methods of treatment practised by the medical profession. My success in the following cases is entirely due to the study I have made of the subject, and I am sure I would have failed to be of service to any of the patients without a knowledge of osteopathic methods.’ . . .

“Following this the *British Medical Journal* itself declares that ‘the undeveloped land of osteopathy rightly belongs to medicine, and should not be left to be cultivated by those not of the household of science.’

“Naturally,” Mr. Barker concluded, “this has been a great encouragement to me. It looks as if at long last the medical profession, as a profession, has opened its eyes to the plain fact that bone-setting or mechano-therapy can bring about cures undreamed of by the ordinary practitioner.”

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Of course I pressed Mr. Barker for a more detailed and intimate account of his art.

"The term 'Bone-setter,'" he began, "is a misnomer, as the bone-setter seldom sets fractures at all. His work is to attend to all kinds of bone injuries, dislocations and deformities—the bone-setter will use persuasive and carefully applied force to bring about a normal condition of things. . . . The commonest cases with which I am called upon to deal are those of the knee joint. A sudden twist inwards or outwards will displace one or other of the cartilages. The immediate result will be a great swelling, and tenderness—especially over the inner side—and a stiffening of the whole joint. This may last for months and even years, causing complete lameness in some cases. In others a partial recovery will be made, and by the exercise of great care and the use of all kinds of knee appliances, such as trusses, knee-caps, bandages, &c., the patient may be enabled to get about with some amount of ease. But the slightest jar or twist such as may be caused by going up or down stairs—especially down—or knocking the inside of the foot against any obstacle will occasion something to 'give' in the joint, which will be followed by swelling and general soreness in the limb. This in time will subside, only in a few weeks or days to occur again.

"The usual remedies prescribed are rest, painting with iodine, the wearing of all kinds of appliances, and lastly the cutting out of the displaced cartilage altogether. In the main I disagree with all these so-called remedies. The first are merely palliative, whilst the last too frequently results in a stiff knee, besides entailing four to six weeks in bed and an expensive and elaborate operation not devoid of danger. Should there be a loose fragment of cartilage floating about the joint, which is constantly interfering with its mechanism, there is nothing for it but extirpation by the knife. But should there be no disease and only a displaced cartilage, I most strongly condemn the cutting method. I firmly believe that 90 per cent. of such cases are only injured by the use of the knife. During my practice, I have operated on many thousands of these cases successfully without any cutting and painlessly under the influence of simple gas; and the fact

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that a number of my patients are athletes indulging in the most vigorous and trying of games without any return of their trouble, is conclusive proof that the theories I put in practice are substantially correct. I may perhaps mention a notable case—that of Mr. O. T. Norris, an old captain of Oxford University Football Club. Some four years ago he severely damaged his knee during a football match. So bad was the injury that the aid of several leading surgeons was sought in vain, and for two years the popular Oxford Blue was unable to enjoy his favourite game. A cutting operation was suggested as the only means of alleviating the mischief. Before consenting to this, however, Norris, on the advice of Mr. I. G. Witherington, the old Corinthians footballer, who had been through my hands with a like trouble, called to see me. I diagnosed a misplaced inner cartilage—bad, but uncomplicated—I subjected him to the usual treatment, and in a few weeks Mr. Morris returned to the football field as well as ever he was in his life. He has not had the slightest trouble since. I could quote hundreds of such cases, but content myself with giving the names of Mr. L. J. Moon, the Middlesex cricketer; Mr. A. H. Hornby, the Lancashire Cricket Club captain; Lieut. Kaye, the Yorkshire County cricketer; James Sharpe, the Scottish football player; and J. W. Robinson, the old English international, because their names are so well known to the public. All these men were told, and told by distinguished surgeons, that their only hope was a cutting operation; yet it is months and years since I operated, and they are as sound as ever, and able to stand the hardest possible tests for the knee—first-rate cricket and football.

“I should like to know how many thousands of people are now wearing elastic knee-caps, and are resigned to their fate because their medical adviser has told them nothing more can be done. If those interested in the subject will look at the *Lancet* for November 11, 1905, and turn to page 1386, they will see what Mr. Howard Marsh, the eminent surgeon, says of it: ‘An elastic knee-cap is another survival which is sometimes used with mischievous effect. A patient complains of his knee, which is painful, and a little swollen, and in obedience to custom he is forthwith ordered a knee-cap, although no accurate diagnosis

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has been made. Now such a case may be one of slipping semi-lunar cartilage, early osteoarthritis or gout . . . for none of which is a knee-cap likely to be efficient. Positive objections to an elastic knee-cap are that it produces muscular wasting, and is often very uncomfortable. I think it often does harm and seldom any good, and I cannot but hope its days are numbered.'

"This is precisely what I have been preaching for twenty years !

"The next injury, which must be given second place for frequency of occurrence, is connected with the shoulder. A heavy fall upon the hand or arm, a severe over-reach, will cause muscular displacement or a strain, often followed by adhesions. This is a most painful trouble, causing complete lameness, inability to raise the arm from the side and general uselessness. This condition is one which is terribly neglected by the average surgeon, and often by those occupying a high position in the profession. Too often weeks of rest are prescribed with the arm kept in a sling, a treatment which often accentuates the difficulty and retards recovery, while putting the patient to much pain and inconvenience. It is an accident to which every athlete is liable. Cricketers are especially prone to it. Lord Hawke and Mr. Simpson-Hayward and Mr. C. Page went through my hands for this very trouble.

"The third commonest case in my practice is flat-foot. This is a complaint which nearly always affects young people about fourteen years of age. The key bone of the foot falls, the ankle turns inwards, and a painful rigidity of the whole joint is quickly established. Walking is accompanied by much suffering—treading on the smallest obstacle occasioning the acutest agony.

"The stock remedies for this abnormality are a support in the boots, artificial muscles, or the excision of a V-shaped piece of bone from the head of the astragalus.

"In regard to the former remedies Mr. Howard Marsh, the specialist, says, 'The various pads for flat-foot are useless survivals,' whilst the latter, I maintain—except in old and advanced cases—is quite unnecessary. I make this assertion after rectifying by manipulation alone several thousands of cases. To give a

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notable instance. Some time ago the nephew of a distinguished antiquarian and a ward of the Archdeacon of London was sent to me with an old-standing case of flat-foot, which several eminent surgeons had failed to relieve. This was a great trouble, for the young Etonian wished to go into the Army, and his condition presented an apparently insuperable barrier, as the medical board could not pass him. I subjected the case to treatment, gradually remoulding the joint, and after my treatment the case was presented before the Army surgeons and passed without a hitch! This was again a distinctly typical case, and no stronger proof could be desired in support of my argument that there is urgent need of reform in the treatment of this deformity. I compute there are some 100,000 unrelieved cases of flat-foot in the British Isles alone.

“A whole host of apparently minor joint troubles come into my hands. I had a patient the other day whose wrist had been almost useless for months owing to a strain nearly a year old. The usual remedies had been vainly tried at the instigation of the family practitioner, but great pain still remained in the joint. The hand could not be closed, the ‘grip’ was weak, and much movement of the wrist impossible. I subjected her to treatment and in a few weeks she was quite recovered. A famous actress was under me a short time ago with an old ankle strain which refused to recover under her medical advisers, though much time had been wasted by them. As her professional salary is, I believe, about sixty guineas a week, this was a serious matter to the patient. In her case I discovered an ordinary case of adhesions following a bad strain—a condition which rapidly yielded to treatment. Yet for weeks she had been afraid to tread on the smallest stone or inequality of the pavement, as the most excruciating pain was caused thereby. Such cases are not the exception; they are the rule; I see similar ones every day of my life. The old old story is repeated, and repeated. Weeks, months, even years of ineffectual orthodox treatment—bandaging, resting—oh, that resting!—to be followed by relief in a few days through manipulative surgery.

“Spinal injuries and curvature frequently come under my notice, and I contend that cases of the latter kind, when taken

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in time, can be ameliorated and cured without the wearing of the cumbrous and comfortless jackets and appliances which are so much in vogue. A child's spine presents very plastic material, and can without danger be moulded easily into correct shape by careful manipulation."

Of course I asked Mr. Barker why he had not offered to demonstrate the value of his art before a committee of surgeons and scientists.

"I ask nothing better," he declared. "I have submitted to investigations before surgeons years ago, who all admitted my success, but would not allow their names to be used as references."

"Why don't you communicate with the medical papers," I persisted, "and offer to submit yourself to any test that the council of the College may prescribe?"

"I have done so," was Mr. Barker's reply, "but they would have none of it."

Again and again Mr. Barker has challenged the medical press—the *British Medical Journal* and other medical papers—to bring about a proper trial; but they prefer to abuse and slander him rather than confute him. Mr. Barker has said to them, "Select your own cases—cases that have not yielded to ordinary treatment—and I will convince you that this art of mine is scientific and should be studied in every hospital as part of the noble art of surgery."

The lay press may be able to achieve what the medical press refuses and denies. At any rate, I have felt called upon, because of my own experience, to give my testimony in favour of Mr. Barker as against the doctors' protective union.

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The New Machiavelli

By H. G. Wells

CHAPTER THE THIRD

THE BREAKING POINT

§ 1. AND then we broke down. We broke our faith with both Margaret and Shoemsmith, flung career and duty out of our lives, and went away together.

It is only now, almost a year after these events, that I can begin to see what happened to me. At the time it seemed to me I was a rational, responsible creature, but indeed I had not parted from her two days before I became a monomaniac to whom nothing could matter but Isabel. Every truth had to be squared to that obsession, every duty. It astounds me to think how I forgot Margaret, forgot my work, forgot everything but that we two were parted. I still believe that with better chances we might have escaped the consequences of the emotional storm that presently seized us both. But we had no foresight of that, and no preparation for it, and our circumstances betrayed us. It was partly Shoemsmith's unwisdom in delaying his marriage until after the end of the session—partly my own amazing folly in returning within four days to Westminster. But we were all of us intent upon the defeat of scandal and the complete restoration of appearances. It seemed necessary that Shoemsmith's marriage should not seem to be hurried, still more necessary that I should not vanish inexplicably. I had to be visible with Margaret in London just as much as possible; we went to restaurants, we visited the theatre; we could even contemplate the possibility of my presence at the wedding. For that, however, we had schemed a week-end visit to Wales, and a fictitious sprained ankle at the last moment which would justify my absence. . . .

I cannot convey to you the intolerable wretchedness and rebellion of my separation from Isabel. It seemed that in the past two years all my thoughts had spun commissures to Isabel's brain, and I could think of nothing that did not lead me surely to the need of the one intimate I had found in the world. I came back to the House and the office and my home, I filled all my days with appointments and duty, and it did not save me in the least from a lonely emptiness such as I had never felt before in all my life. I had little sleep. In the daytime I did a hundred things, I even spoke in the House on two occasions, and by my own low standards

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